

UNION BANKSHARES INC  
Form 5  
January 19, 2016

**FORM 5**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  
Form 3 Holdings Reported Form 4 Transactions Reported

**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person \*  
Mercia Susan F Hovey

(Last) (First) (Middle)

PO BOX 357, 924 POND ROAD

(Street)

HINESBURG, VT 05461-0357

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
UNION BANKSHARES INC  
[UNB]

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)  
12/31/2015

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
No longer 10% owner

6. Individual or Joint/Group Reporting

(check applicable line)

Form Filed by One Reporting Person  
 Form Filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	01/14/2015	^	J(1)	422,908 D	\$ 0 0	I	Sole Trustee and beneficiary Genevieve L. Hovey Trust
Common Stock	01/14/2015	^	J(2)	1,897 D	\$ 0 0	D	^

Common Stock	01/14/2015	Â	J <sup>(3)</sup>	213,351	A	\$ 0	218,634	I	Settlor, Trustee and beneficiary S.H. Mercia Trust
Common Stock	Â	Â	Â	Â	Â	Â	173,625	I	Co-Trustee and beneficiary Susan Hovey Trust

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned**  
(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. of D Se B O E Is Fi (I
					(A) (D)	Date Exercisable Expiration Date	Title Amount or Number of Shares		

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Mercia Susan F Hovey PO BOX 357 924 POND ROAD HINESBURG, VT 05461-0357	Â	Â X	Â	No longer 10% owner

## Signatures

/s/ Susan F. Hovey  
Mercia 12/27/2015

Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

- (1) 211,454 shares were distributed to the S.H. Mercia Trust and 211,454 shares (that Ms. Mercia previously disclaimed beneficial ownership as she did not have a pecuniary interest) were distributed to an adult family member not living in Ms. Mercia's household.
- (2) Shares transferred to the S.H. Mercia Trust
- (3) Increase in shares reflects 211,454 shares distributed from the Genevieve L. Hovey Trust and the transfer of 1,897 shares that were previously directly owned by Ms. Mercia.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.